

*Supplement attached*

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159

County Registrar No. \_\_\_\_\_

Local Registrar No. 114

No. 1111 Alderman St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carl Edwin Vangorder { If child is not yet named, give supplemental report, as directed }

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. no 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mich. 18 - 1927  
Month Day Year

8. FATHER  
Full name Chester F. Vangorder  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Cauc.  
11. Age at last birthday 29 (Years)

14. MOTHER  
Full maiden name Josephine W. Goerrig  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Cauc.  
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Brooklyn, New York  
(State or country) \_\_\_\_\_  
13. Occupation Sampler  
Nature of Industry mining

18. Birthplace (city or place) Brooklyn, New York  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 11:06 P.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Byron M. Brown M.D. (Physician or midwife).  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Mich 28, 1927 H. E. Dorin  
Month, day, year Local Registrar

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar

359 - 318 - 177